

2256

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. *

Place of Birth Globe County Gila No. 449 South High St
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Male			

E OF BIRTH* October 27 1911
(Month) (Day) (Year)

L* FATHER

William Toyote

L* MOTHER

ME Jeanne Susan Capt

I HEREBY CERTIFY that the child described herein has been
named

Rberhard Ernest Toyote
(Give name in full) (Surname)

Jeanne Toyote
(Parent's signature)

C. F. Sturgeon

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day
following month.

535-1027-133